accomplish breadth sacrifices depth. For example, while his expressions of concern about the value of nocturnal penile tumescence as a diagnostic indicator in erectile failure disorders are interesting and provocative, they are not complete. There is considerably more literature in this area to validate the importance of this procedure than that to which the author has given attention. The same can be said for several other areas. On balance, however, the author has taken the better tactic in providing a comprehensive view of the field rather than an intensive view of any particular area. Moreover, his conclusions, even in those areas which are not comprehensively reviewed, represent the current state of the art in almost all instances. This book has much to argue for it and little to argue against it. It is clearly one of the better volumes on the topic and deserves the attention of the serious student of human sexuality.

LARRY E. BEUTLER, PhD
*Professor of Psychiatry and Psychology*
*The University of Arizona*
*College of Medicine*
*Tucson*

* * *

**PRIMARY CARE GERIATRICS—A CASE-BASED LEARNING PROGRAM**—Richard J. Ham, MD, Joseph H. Holtzman, PhD, Michelle L. Marcy, MS, and Marcia R. Smith, PhD; prepared under the auspices of the American Geriatrics Society. John Wright/PSG Inc., 545 Great Road, Littleton, MA 01460, 1983. 311 pages, $39.50 (softbound).

The in-depth study of geriatric medine by medical students, practicing physicians and other health professionals has been mandated by the changing demographic profile of our population. Medical schools and medical centers around the country are gradually awakening to this need and beginning to provide at least introductory courses in geriatrics. It is a field far more complex than many clinicians are aware. The dissection of normal aging from pathologic changes, the multiplicity and chronicity of diseases, the atypical presentations of disease, pharmacologic alterations in the aged, as well as the need for functional assessment in addition to standard differential diagnosis combine to make geriatric medicine a challenge to practitioners and teachers.

A variety of excellent geriatrics texts are available. All attempt in some way to show the need to depart from a standard organ systems approach when dealing with elderly patients. *Primary Care Geriatrics* represents an attempt to go further in synthesizing the physiology, medicine, sociology and psychology of aging. The format is a case-based programmed text, intended for medical students, house officers and other clinical health personnel. There are 15 chapters, or modules. The initial modules cover demography of aging, aging theory and physiology of aging. There is a module on techniques of evaluation, one on the health care system and community resources, a review of geriatric rehabilitation and finally eight modules that address specific common medical problems in elderly persons.

Each module begins with an overview of the topic to be discussed and a list of specific objectives. There is a short multiple choice pretest as well as a posttest for each module, with answers provided in an appendix. Illustrated case histories are used liberally to complement the text. The programmed text is a tool that appeals to some more than others. I found that it required considerable concentration to absorb information from the text and apply it to the case material. This was in part due to the presentation of portions of each case at different points in the text in order to illustrate specific features. For example, when historical clues to the etiology of confusion are discussed in the text, parts of the histories from several cases are presented. Additional history, physical findings and other data for each case are presented in segments throughout the remainder of the text. I found this fragmentation of the cases to be a bit disorienting, and I often had to return to earlier portions of the case presentation in order to piece together the whole. The pretests and posttests suffer from the usual simplistic approach of multiple choice instruments but do serve to focus on the specified objectives.

Overall, the material is quite comprehensive and I commend the authors for including subjects often omitted even in geriatric texts: the excellent introduction to rehabilitation, the consideration of the health care system and financing mechanisms as they apply to the elderly, a consideration of sexual dysfunction. References are extensive and largely up to date. Suggested readings are nicely divided into categories—for example, journal articles, books and monographs. A list of pertinent audiovisual materials will be of use to the instructor.

The text offers something at several levels. There is some material that is quite basic, while the later modules will be best utilized by those already having some clinical experience. Due to the time and concentration required by the format, this is not a book to be casually perused as a brief introduction to geriatric medicine. It will be best used by a student or clinician wishing to undertake an unhurried, serious first study of geriatrics.

LISA HEIKOFF, MD
*Fellow in Geriatric Medicine*
*Mount Zion Hospital and Medical Center*
*San Francisco*

* * *

**CHOOSING EFFECTIVE LABORATORY TESTS**—Carl E. Speicher, MD, Professor of Pathology, College of Medicine, and Director of Clinical Laboratories, University Hospitals, and Jack W. Smith, Jr, MD, MS, Instructor of Pathology, College of Medicine, and Associate Director of Clinical Chemistry, University Hospitals, The Ohio State University, Columbus, Ohio. W. B. Saunders Co., West Washington Square, Philadelphia, PA 19105, 1983. 375 pages, $45.00.

This medium-sized hardback is an excellent addition to the bookshelves of both practicing clinicians and those who are learning the concepts of clinical problem-solving strategies. Divided into three parts—concepts, clinical strategies and menus of unexplained laboratory results—the text is well organized and interlaced with substantive and appropriate tables and figures from common references.

The first section is entitled "Rationale and Useful Concepts." Drs Speicher and Smith presume we have read Galen and Gambino's *Beyond Normality* and understood the statistical and clinical uses of Bayes' theorem. Sensitivity (percentage of true positives in patients with disease) and specificity (percentage of true negatives in patients without disease) form the cornerstones of the strategies, with prevalence further conditioning the predictive values.

The reference to experienced clinicians using the "rifle approach" to utilization of clinical laboratory testing versus medical students and house officers shooting the laboratory "shotgun" has been lost on neither practicing pathologists (including those of us in academic medicine) nor federal, state and insurance company health care policymakers.

The authors remind us that real patients present as diagnostic dilemmas and thereby provide physicians the joy of discovering etiology and pathogenesis while traditional medical education and textbooks utilize the pathogenetic reasoning approach which presumes that the diagnosis is already known.

The problem-solving method uses diagnostic hypotheses as trial goals to satisfy, exclude or search for more information. Data must be authenticated regarding reliability and accuracy. Then hypotheses are triggered and evaluated. The authors review monopathic/simple/parsimonious *versus* polypathic/coincidental/multiple disease explanations and discuss "diagnosis at a glance," "spiraling pursuit" and experience-built decision trees. They suggest that we use laboratory tests to discriminate between rival hypotheses.

Using the presence or absence of pregnancy and diabetes mellitus, we are escorted through Bayes' rule toward predictive values. Computer-based "chaining" is explained and several examples of software packages for cognitive hypothesis-driven reasoning models related to diagnosis (occasionally to therapy) are given.

Concepts of turnaround time, interpretability, intralaboratory errors, critical values, communication, interpretive reports, STAT lab, specimen collection and handling are introduced.

Targeted *versus* multiphasic screening is reviewed. The discussion on unexpected test results reminds us that many "clinicians have simply learned to ignore data that do not fit with their clinical impressions" and that the pathologist is there "to

bridge the gap between laboratory technology and patient care more effectively." We are given a logical and practical sequential approach to reveal whether or not unexplained abnormalities are indicative of disease.

By starting with a suspected diagnosis derived from a history and physical examination and then formulating test strategies, the middle third of this book, "Clinical Subproblems," covers the contexts, strategies and interpretations of a series of real clinical problems. They range from acute myocardial infarction and the enzymes and isoenzymes of creatine kinase and lactic dehydrogenase to Wilson's disease and copper and ceruloplasmin determinations. This part of the book is not meant to be all inclusive but rather to show how the problem-solving, predictive and interpretive methodologies can be utilized on diagnostic and therapeutic issues in pragmatic terms. The authors advocate evaluation of all *curable* causes of hypertension rather than *all* patients with hypertension, for example. Suggestions about *not* performing tests are intermixed with the more obvious schemes concerning when to order tests.

A quotable quote appears in the endocrine chapter: "To avoid misinterpretations, the laboratory values should always be interpreted in the context of the clinical picture." Philosophies concerning laboratory utilization, cost effectiveness and decision analysis are thus related to genuine problems of clinical management. This section borrows heavily from Henry and Howanitz' treatise on organ panels in Jones and Palulonis' *Laboratory Tests in Medical Practice* (Chicago, AMA, 1980). Some omissions—such as respiratory problems in infants, in the "Pink Puffers vs. Blue Bloaters" section, or pancreatic pseudocysts in the role of pancreatic problems—are probably inevitable in a condensed series of examples, and a few errors may be found (*two* Tables 5-4 on page 63, "amylase-creatine" rather than "amylase-creatinine" ratio on page 234).

In part three, "Unexpected Test Results," omission of important and frequently ordered procedures such as direct bilirubin, prothrombin and partial thromboplastin times, pregnancy tests and urinalysis leaves us wondering why these were not listed in the excellent tables of 22 common laboratory tests. We might further wish that data on predictive values for many more tests were available in the general literature (this is no fault of the authors).

A high percentage of references are recent (less than five or six years old).

In summary, this book is highly recommended reading for strategists and teachers, as well as reference material for clinicians, pathologists and residents studying for board examinations. And, particularly in light of recent Medicare regulations, the authors leave us with a timely statement: "To implement effective strategies for problem solving . . . use a laboratory-based consultant."

THOMAS S. McCONNELL, MD
*Director, Clinical Laboratories*
*Chief, Pathology Service*
*University of New Mexico Hospital*
*Albuquerque*

* * *

**POSTGRADUATE TEXTBOOK OF CLINICAL ORTHOPAEDICS**—Edited by Nigel H. Harris, MA, FRCS, Consultant Orthopaedic Surgeon, St Mary's Hospital, London. John Wright • PSG Inc., 545 Great Rd., Littleton, MA 01460, 1983. 1,010 pages, $120.00.

This book is a 1,000-page, multiauthored comprehensive review of the current "state of the art" in orthopedic surgery, 1983. A majority of the authors of this book are from the United Kingdom with a few from the United States. This book stresses the description, etiology and evaluation of musculoskeletal conditions. Treatment, and especially surgical techniques, are given relatively little coverage although these areas are given more attention in the sections on rheumatoid disease and joint replacement. Pediatric orthopedics and rheumatoid disease are dealt with more extensively than other subjects. Trauma and fracture care are not covered in this textbook.

The strength of this book is its relatively broad coverage of orthopedics which, though it limits its depth, allows the student of orthopedics a quick review of most subjects. Certain chapters, especially those on the pediatric spine and neuromuscular diseases, have excellent recent bibliographies. This allows for a more detailed study of the subject in question if desired. Because the book's authors primarily are British, American readers will become more knowledgeable about the practice of orthopedics in the United Kingdom, which can be quite different from that in the United States. Awareness of these differences will broaden the orthopedic knowledge of the reader.

The weakness of this book is related to its size, which allows for a relatively superficial coverage of many areas. Orthopedic knowledge is expanding dramatically, and the resident and practicing orthopedic surgeon generally need more in-depth knowledge of an individual subject than this book provides. In a book of this type, access to more detailed information should be provided by a comprehensive up-to-date bibliography. In many chapters, the references are dated and sparse. In particular, the bibliographies in chapters on the lumbar spine, cervical spine, shoulder, hand and slipped capital epiphysis are particularly weak. Certain chapters in this book have an author bias and, thus, are not really a fair overview of the subject. This could be a problem for a beginning orthopedist who might not be able to detect this and, therefore, could come away with a skewed view of the subject.

In summary, this book is recommended for American orthopedists who wish a current perspective of British orthopedics. For these readers, in many areas additional knowledge will be necessary and monographs or journal articles will need to be consulted. The book is probably most valuable for medical students and beginning orthopedics residents who need a quick introduction to an orthopedic entity.

RONALD J. KENDIG, MD
*Sacramento, California*

* * *

**HANDBOOK OF OBSTETRICS & GYNECOLOGY—Eighth Edition**—Ralph C. Benson, MD, Professor and Chairman Emeritus, Department of Obstetrics and Gynecology, Oregon Health Sciences University, Portland; illustrated by Laurel V. Schaubert. Lange Medical Publications, Drawer L, Los Altos, CA 94022, 1983. 804 pages, $13.00 (softbound).

The eighth edition of Benson's *Handbook of Obstetrics and Gynecology* is a continuation of the excellent work presented in the earlier editions. It is a concise synopsis of the major areas of the field and is presented in a simple, easy-to-read fashion.

A major drawback for all concise presentations is the necessity to present only the basic issue in a simplistic fashion. This is true in this edition also. As a result, the book is best suited for the beginning student of obstetrics and gynecology and for the occasional practitioner of the specialty. It will also be helpful as a reference for non-ob-gyn physicians who seek to review the treatment recommended for conditions of females but do not wish to read about multiple or controversial ideas.

RALPH W. HALE, MD
*Professor and Chairman*
*Department of Obstetrics-Gynecology*
*University of Hawaii*
*John A. Burns School of Medicine*
*Honolulu*

* * *

**COMPUTERIZING YOUR MEDICAL OFFICE: A GUIDE FOR PHYSICIANS AND THEIR STAFFS**—Dot Sellers, CMA-A. Medical Economics Books, Oradell, NJ 07649, 1983. 213 pages, $17.50 (paperback).

This book does an excellent job of approaching the subject of the current capabilities of medical office computing systems. In a well-organized, comprehensible fashion, the author discusses each phase of computer acquisition and use from consideration of whether to computerize to computer upkeep. The considerations are stated with sufficient specificity to be practical but with sufficient generality to be durable in a rapidly changing field. It is likely that the price ranges quoted will be inaccurate long before anything else is.

I would recommend this book to any physician or office manager who has asked the question "Could a computer help me?" but who does not yet possess the perfect system.

ROGER K. HOWE, MD
*Mt. Shasta, California*